

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050499

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 314

STATE/FILE NUMBER

FILED JAN 2 1964

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON	Length of stay in 1b 3 days	c. CITY OR TOWN SIKESTON	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSPITAL		d. STREET ADDRESS ROUTE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last DOLPH ANDREW HALL			4. DATE OF DEATH Month Day Year 12-20-63		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-4-1888	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 2 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sash Assembler		10b. KIND OF BUSINESS OR INDUSTRY Sash & Door Co.	11. BIRTHPLACE (City and state or country) Goreville, Illinois		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Elgin Dolph Hall		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Ruth Walker Hall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No.		16. SOCIAL SECURITY NO. 9		17. INFORMANT Address Ruth Walker Hall Blodgett, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic cardiovascular disease unknown DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH immediate
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 1960 to 12-20-63 and last saw him alive on 12-20-63  
Death occurred at 11:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Sargent M.D.	(Degree or title)	22b. ADDRESS 808 East Wakefield Sikeston Missouri	22c. DATE SIGNED 12-24-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-23-1963	23c. NAME OF CEMETERY OR CREMATORY Sikeston City Cemetery	23d. LOCATION (City, town, or county) (State) Sikeston, Missouri

24. FUNERAL DIRECTOR Nunnelee Funeral Chapel, Sikeston, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Dec 30, 1963	26. REGISTRAR'S SIGNATURE Jeanette Waldman
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

DATE AMENDED

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward E. Munnelle

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign, in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued Dec 20 - 1943